140M - 1MO - 0912

FE6AN026

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

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NAME OF COMMITTEE (in full)			TYPE OR PRINT ▼			Example: If typing, type over the lines.			12FE4M5 FEG MAIL CENTER					
We Want Stephen Collbert To Come To Our														
LC	Colliege Super Pac													
ADDRESS (number and street) $[Po] \beta o x 4 04$										111	<u> </u>			
Check if different than previously reported. (ACC)				[S,+, Mary's City] [MO] [20,6,86]-								_1	 	
2.	·	ENTIFICATION N		marigi	CITY A	· · · · · · · · · · · · · · · · · · ·			STATE A			ZIP CODE ▲		
	C U	0, 5 ,2,3,0	ا, ن		3. IS THIS REPORT	X	NEW (N)	OR		AMEND	ΞD		_	
4.	TYPE (Choose	OF REPORT One)	(b) Mor Rep	11 11	Feb 20 (M2)		May 20	(M5)		Aug 20 (M	18)	Nov 20 (M11 (Non-Election Year Only))	
	(a) Quarterly Reports:			On:	Mar 20 (M3)		Jun 20	. ,		Sep 20 (N		Dec 20 (M12 (Non-Election Year Only)	?)	
		April 15 Quarterly Report (0	Q1) (c)	12-Day	Apr 20 (M4)	Primary (1	Jul 20 ((M7)	Ger	Oct 20 (M neral (12G)	10)	Jan 31 (YE) Runoff (12R)	_	
		July 15 Quarterly Report (0	}	PRE-Election	(Fig. 1)	Convention (12C)				ecial (12S)	L			
	Y	October 15 Quarterly Report (6 January 31	Q3)	_	, hann, nd	LW-0-W-	/ / 0 4 0		Ψ*Υ	Y Y	in the	11		
		Year-End Report (lection on	السميا	<u> </u>				State	of	_	
	July 31 Mid-Year Report (Non-electio Year Only) (MY)		on (d)	30-Day POST-Electi Report for tl	{\!!}	General (30G)				Runoff (30R)		Special (30S)		
		Termination Report (TER)	t	·	lection on	M M	/ 000]'[·γ.	Y V Y	in the State			
5. Covering Period O1 O1 2014 through O9 2014														
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.														
Type or Print Name of Treasurer 505AN E. GROGAN														
Sig	Signature of Treasurer Ausan E. Grayan Date 10 10 3 2014													
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.														
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